

6/25/03

**BEHAVIORAL / ENVIRONMENTAL RISK FACTORS
FOR CHILDHOOD DROWNING**

**CASE QUESTIONNAIRE
AGES 5-9**

Sponsored by:

**National Institute for Child Health and Human Development
National Institutes of Health (NIH)
Bethesda, Maryland**

Westat

1. **SITE ID:**
2. **CASE ID:**
3. **CONTROL ID:**
4. **INTERVIEWER NAME:** *(Please print)*
5. **DATE OF INTERVIEW:**
6. **TIME INTERVIEW BEGAN:** ____:____ **AM** **PM**
7. **TIME INTERVIEW ENDED:** ____:____ **AM** **PM**
8. **1ST NAME OF CHILD:**
9. **GENDER OF CHILD:**
10. **DATE OF ACCIDENT (CASE)/ REFERENCE DATE:**
11. **COUNTY WHERE CHILD/CASE DROWNED:**
12. **CHILD DATE OF BIRTH:**
13. **AGE CATEGORY:** **5-9**
14. **RESPONDENT RELATIONSHIP TO CHILD:** ☐ **Mother**
☐ **Father**
☐ **Grandmother**
☐ **Grandfather**
☐ **Other (SPECIFY):** _____
Gender: M F

INTERVIEWER: Note the gender of "Other"

ELIGIBILITY CONFIRMATION

Before we begin, I would just like to confirm some information we have regarding (CHILD'S NAME) and where (he/she) was living at the time of the accident.

EL-1. First, since this study is only being conducted in certain counties across the country, we would like to confirm that at the time of the accident, (CHILD'S NAME) lived in (COUNTY OF RESIDENCE). Is that correct?

EXTD.COUNTYCH

YES.....1 (SKIP TO QUESTION EL-2)

NO.....2

EL-1a. At the time of the accident, where did (CHILD'S NAME) live? Please tell me the city, state, zip code, and county.
(IF CHILD LIVED OUTSIDE OF THE U.S., ENTER '99' FOR CITY AND SKIP TO BOX EL-1)

CITY:_____ STATE:_____

EXTD.CITY

EXTD.STATE

ZIP CODE:_____ COUNTY: _____

EXTD.ZCODE

EXTD.COUNTYOFRESIDENCE

EL-2. Our records indicate that (CHILD'S NAME) was born in (MONTH OF BIRTH) of (YEAR OF BIRTH). Is that correct?

EXTD.CONBIRTH

YES.....1 (SKIP TO BOX EL-1)

NO.....2

EL-2a. What is (CHILD'S NAME)'s month and year of birth?

MONTH:_____ YEAR:_____

EXTD.BIRTHMO

EXTD.BIRTHYR

BOX EL-1

If child lived outside of U.S., go to Box EL-2.
If child's age is less than 1 or greater than 19, go to Box EL-3.
Else proceed with interview and go to Question 1.

BOX EL-2

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only able to include residents of the United States in this study. Thank you very much for your time. **END**

BOX EL-3

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only conducting interviews for children or teenagers who were between the ages of 1 and 19 at the time of the accident. Thank you very much for your time. **END**

ENVIRONMENTAL FACTORS

We don't know how to prevent drowning accidents, so there are no right or wrong answers to any of the questions.


1. To be sure that I have a correct understanding of what happened, could you please describe the accident? [RECORD THE CIRCUMSTANCES REGARDING THE ACCIDENT SUCH AS HOW THE ACCIDENT OCCURRED AND WHO WAS PRESENT]
DESC.DESCTEXT

- 1a. What is your relationship to (CHILD'S NAME)? Are you (his/her)...
EXTD.RELACH

Mother..... 1
Father 2
Grandmother, 3
Grandfather, or..... 4
Some other relationship?
(SPECIFY) [ASK GENDER IF NOT OBVIOUS]
..... 91

EXTD.RELACHOS
EXTD.OTHGEND

2. Did (CHILD'S NAME) live with you at the time of the accident?
EXTD.CHLIVE

YES..... 1
NO..... 2 

- 2a. With whom did (CHILD'S NAME) live most of the time the year prior to the accident?

EXTD.LIVE
MOTHER 1
FATHER..... 2
BOTH MOTHER AND FATHER 3
GRANDPARENT(S)..... 4
OTHER RELATIVE 5
SOMEONE ELSE (SPECIFY)..... 91

EXTD.OTHLIVE

(NOTE: FOR QUESTION 3 TO 6 - IF QUESTION 2 = NO (CHILD DID NOT LIVE WITH RESPONDENT ON REF DATE), CHANGE FILLS TO GATHER INFO ON CHILD'S HOUSEHOLD.)

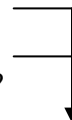
3. Up until the date of the accident, how long had (CHILD'S NAME) lived at this residence?

_____ WEEKS..... 1
EXTD.NUMLIVE MONTHS 2 EXTD.UNITLIVE
YEARS 3

4. Did you ...

EXTD.OWNRENT

Own your residence, 1
Rent your residence, 2
Live with family, 3
Live with friends, or 4
Was it some other type of living arrangement?
(SPECIFY) _____ 91



4a. Did the people that (CHILD'S NAME) lived with own or rent their residence?

EXTD.OWNHOME

OWN..... 1
RENT 2

5. Are you currently living at this same residence?

EXTD.SAMERES

YES..... 1
NO..... 2

6. [IF NO TO QUESTION 5: Now I would like you to think about the residence in which you lived in at the time of the accident.] Would you describe your residence as...

EXTD.CURRES

An Apartment, 1 (SKIP TO QUESTION 26)
A Single Family House, 2
A Duplex, 3
A Townhouse or Rowhouse, 4
A Mobile or Trailer Home, or 5
Something else? (SPECIFY) 91

EXTD.OTHURRE

(Note – 7 through 14 will be one large grid)

7. At the time of the accident, was there a ...	8. Was the water in the (STRUCTURE) deeper than 2 feet at its deepest point?	9. Was the (STRUCTURE) in place the whole time you lived there?	10. Was the (STRUCTURE) a permanent structure?
YARD.LOCATED	YARD.WATDEEP	YARD.INPLACE	YARD.PERMSTRU
a. <u>Swimming pool</u> located in your yard or home? Do not include wading pools. YES 1 → NO 2 (b)	a. YES 1 NO 2	a. YES 1 NO 2	a. YES 1 NO 2

b. Jacuzzi or hot tub located in your yard or home? Please do not include Jacuzzi's or hot tubs located in a bathroom. YES1 NO..... 2 (c)	b. YES 1 NO 2	b. YES 1 NO 2	b. YES 1 NO 2
c. wading pool located in your yard? YES1 NO..... 2 (d)	c. YES 1 NO 2	c. YES 1 NO 2	c. YES 1 NO 2
d. pond, lake or some other body of water located in your yard? YES..1 (SPECIFY IF OTHER) NO...2 YARD.LOCATOS	d YES 1 NO 2	d. YES 1 NO 2	

11. How long has the (STRUCTURE) been there? (SKIP IF QUESTION 9 = YES) YARD.NUMSTRU	12. Was the design of the (STRUCTURE) ... YARD.INABOVE	13. Where was the (STRUCTURE) located in relation to the residence? Was it in the ... YARD.STRUTLOC	14. Could the (STRUCTURE) be seen from inside the home? YARD.INHOMEST
a. WEEKS 1 MONTHS 2 YEARS..... 3 YARD.UNITSTRU	a. in-ground, or 1 above-ground? .. 2	a. back yard, 1 front yard, 2 side yard, or 3 inside the home or residence? 4	a. YES 1 NO 2
b. WEEKS 1 MONTHS 2 YEARS..... 3	b. in-ground, or 1 above-ground? .. 2	b. back yard, 1 front yard, 2 side yard, or 3 inside the home or residence? 4	b. YES 1 NO 2
c. WEEKS 1 MONTHS 2 YEARS..... 3	c. in-ground, or 1 above-ground? .. 2	c. back yard, 1 front yard, 2 side yard, or 3 inside the home or residence? 4	c. YES 1 NO 2
d. WEEKS 1 MONTHS 2 YEARS..... 3	d. →	d. back yard, 1 front yard, or 2 side yard? 3	d. YES 1 NO 2

BOX 1

IF RESPONSES TO ALL OF QUESTIONS 7a-d = NO, SKIP TO QUESTION 26.
IF 7a and 7b = 1, GO TO QUESTION 14.5.
ELSE GO TO QUESTION 15.

14.5 Is the Jacuzzi or hot tub attached to the pool?

YARD.JACPOOL

YES..... 1

NO..... 2

REPEAT QUESTIONS 15 – 25 FOR ALL BODIES OF WATER WITH A “YES” RESPONSE IN QUESTION 7, EXCEPT IF 14.5 = YES. THEN ASK 15-25 ONCE FOR POOL/JACUZZI COMBINATION AND FOR OTHER ‘YES’ RESPONSES IN QUESTION 7.

15. On the date of the accident, was there a fence surrounding the (STRUCTURE)?

YARD.FENCESUR

YES..... 1

NO..... 2 (SKIP TO QUESTION 22)

16. Did the fence completely surround the (STRUCTURE) on all 4 sides, or could you access the (STRUCTURE) directly from your home without having to go through a gate of a fence?

YARD.FENCECOM

STRUCTURE COMPLETELY SURROUNDED BY FENCE..1 (SKIP TO QUESTION 18)

STRUCTURE ACCESSIBLE FROM HOME..... 2

17. Was there any type of gate in the fence?

YARD.FENCGATE

YES..... 1

NO..... 2 (SKIP TO QUESTION 22)

18. Was the gate self-closing? That is, did it close by itself?

YARD.GATECLOS

YES..... 1

NO..... 2

19. Was there a latch on the gate?

YARD.GATELATC

YES..... 1

NO..... 2 (SKIP TO QUESTION 21)

20. Was the latch self-latching. That is, did it latch by itself?

YARD.SELFLATC

YES..... 1

NO..... 2

21. On a typical day prior to the accident, was the gate usually propped open?

YARD.GATEPROP

YES..... 1

NO..... 2

[NOTE: SKIP QUESTIONS 22 AND 23 IF STRUCTURE = LAKE OR POND OR OTHER BODY OF WATER]

22. On a typical day prior to the accident, was there a cover on the (STRUCTURE)?

YARD.COVER

YES..... 1
NO..... 2

23. On the date of the accident, was there an alarm that sounded when someone entered the water?

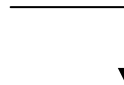
YARD.ENTALAR

YES..... 1
NO..... 2

24. On the date of the accident, did the (STRUCTURE) have any other protective device?

YARD.PROTDEV

YES..... 1
NO..... 2



24a. What kind of device was it? (SPECIFY) _____ YARD.PROTOTH

25. Was there an alarm that sounded when someone exited the residence?

EXTD.EXITALAR

YES..... 1
NO..... 2

(IF ANSWER TO QUESTION 5 =YES, SKIP MENTION OF REFERENCE PERIOD)

26. (At the time of the accident), approximately how long (does/did) it take to get from (CHILD'S NAME)'s home to the nearest swimming pool [not including the pool in (his/her) own yard]? This would include such things as a pool at a neighbor's home, a pool in an apartment or condominium community, a community pool, or a city pool.

EXTD.NUMPOOL

_____ UNIT: MINUTES..... 1 EXTD.UNITPOOL
HOURS..... 2

- 26a. Is the time you gave based on ...

EXTD.EXTDMODE

Walking,..... 1
Riding a bicycle, 2
Driving, or..... 3
Some other method of transportation?
(SPECIFY) _____ 91

EXTD.OTHMODE

27. Was there a fence or other barrier surrounding this swimming pool?

EXTD.BARPOOL

YES..... 1
NO..... 2

28. How long (did/does) it take to get from (CHILD'S NAME) home to the nearest lake, river, pond, ocean, or other large body of water, aside from a swimming pool?

EXTD.NUMLAKE

_____ UNIT: MINUTES..... 1 EXD.UNITLAKE
HOURS..... 2

28a. Is the time you gave based on ...

EXTD.MODELAKE

Walking,..... 1

Riding a bicycle,..... 2

Driving, or..... 3

Some other method of transportation?

(SPECIFY)..... 91

EXTD.OTHLAKE

<p>29. (In the 2 months prior to the date of the accident) on how many days did (CHILD'S NAME)...?</p> <p>VIST.NUMMOTE</p>	<p>30. Did (he/she) visit (BODY OF WATER) at least once?</p> <p>[ONLY ASK IF QUESTION 29 = DK]</p> <p>VIST.NUMMOTDK</p>	<p>31. Was there usually a lifeguard on duty?</p> <p>VIST.HOTLIFE</p>
<p>a. Visit a hotel or motel with a swimming pool?</p> <p>_____ →</p> <p>number of days</p> <p>[If days = 0, go to b]</p>	<p>a.</p> <p>YES.....1</p> <p>NO.....2 (b)</p>	<p>a.</p> <p>YES.....1 (b)</p> <p>NO.....2 (b)</p>
<p>b. Visit a swim center or community pool?</p> <p>_____ →</p> <p>number of days</p> <p>[If days = 0, go to c]</p>	<p>b.</p> <p>YES.....1</p> <p>NO.....2 (c)</p>	<p>b.</p> <p>YES.....1 (c)</p> <p>NO.....2 (c)</p>
<p>c. Visit an ocean, lake, pond or river?</p> <p>_____ →</p> <p>number of days</p> <p>[If days = 0, go to d]</p>	<p>c.</p> <p>YES.....1</p> <p>NO.....2 (d)</p>	<p>c.</p> <p>YES.....1 (d)</p> <p>NO.....2 (d)</p>
<p>d. Visit a water theme park?</p> <p>_____ →</p> <p>number of days</p> <p>[If days = 0, go to e]</p>	<p>d.</p> <p>YES.....1</p> <p>NO.....2 (e)</p>	<p>d.</p> <p>YES.....1 (e)</p> <p>NO.....2 (e)</p>
<p>e. Visit another home where (CHILD'S NAME) had access to a pool or some other large body of water?</p> <p>_____ →</p> <p>number of days</p> <p>[If days = 0, go to Question 32]</p>	<p>e.</p> <p>YES.....1</p> <p>NO.....2</p> <p>[If no, go to Question 32]</p>	<p>e.</p> <p>YES.....1</p> <p>NO.....2</p>

32. How often had (CHILD'S NAME) been on a boat? Please do not include cruise ships. Would you say...

EXTD.BOAT

1 time per year, 1
2 to 5 times per year,..... 2
6 to 10 times per year,..... 3
11 to 20 times per year, or 4
more than 20 times per year? ... 5
NEVER 99 (SKIP TO QUESTION 33)

- 32a. When (CHILD'S NAME) went out on a boat did (he/she) usually wear a life vest?

YES 1
NO 2
EXTD.LIFEVEST

FORMAL SWIMMING LESSONS

The next group of questions will be about the formal swimming lessons that (CHILD'S NAME) may have participated in. We don't know if swimming lessons can help prevent drowning among young children, so there are no right or wrong answers.

33. Children sometimes receive formal swimming lessons that are paid for or that are received as part of another activity such as day care, school or camp. Had (CHILD'S NAME) ever taken formal swimming lessons? Please do not include swim team.

EXTD.FORMAL

YES 1
NO 2 (SKIP TO QUESTION 41)

34. Often children are enrolled in a swimming course that includes a group of classes that meet regularly over a number of weeks. For example a course might include 1 class per week for 8 weeks. Thinking back to all the courses that (CHILD'S NAME) took, how many separate courses did (he/she) attend altogether? [PROBE IF RESPONDENT DOES NOT KNOW OR CAN NOT REMEMBER THE NUMBER OF COURSES: Please tell me how many courses you can remember.]

EXTD.COURSES

_____ (# OF COURSES)

- 34a. [ASK ONLY IF QUESTION 34=DK] Do you know how many years (CHILD'S NAME) participated in swimming courses?

EXTD.COURYEAR _____ (# OF YEARS)

35. How many swim courses did (CHILD'S NAME) attend before the age of 5? [PROBE IF NECESSARY: Please tell me how many courses you can remember.]

EXTD.UNDRFIVE

_____ (# OF COURSES)

36. How old was (CHILD'S NAME) when (he/she) took (his/her) first formal swimming lessons?
EXTD.AGEL

____ (AGE) UNITS: MONTHS.....1 EXTD.AGELU
YEAR.....2

37. How old was (CHILD'S NAME) when (he/she) took (his/her) most recent formal swimming course, not including swimming team?
EXTD.AGER

____ (AGE) UNITS: MONTHS.....1 EXTD.AGELRU
YEARS.....2

I am now going to ask you a series of questions about the swimming course(s) (CHILD'S NAME) took.

[IF 3 OR MORE COURSES: I am only going to ask you about the first course (CHILD'S NAME) participated in, and the most recent course (CHILD'S NAME) participated in. I will start with (CHILD'S NAME)'s first course.]

[IF 2 COURSES: Now thinking about the first course (CHILD'S NAME) took.]

	COURSE # 1	COURSE #2
38. What was the name of the swimming course? For example, Aquatots, Water Babies, or Beginning Swimming. CLAS.NAMEC	Name:	Name:
a. Could you please tell me the name of the facility and sponsoring organization that offered this course and the city and state in which the facility is located. CLAS.FACNAMC	Facility: Sponsoring Organization: CLAS.SPONSORG City: CLAS.CITYFAC State: CLAS.STATEFAC	Facility: Sponsoring Organization: City: State:
b. Were these swimming lessons taught in a... CLAS.WHERECL CLAS.WHERECOS	Pool, 1 Lake, 2 Ocean, or 3 Some other type of water? .91 (SPECIFY) _____	Pool, 1 Lake, 2 Ocean, or 3 Some other type of water? .91 (SPECIFY) _____
c. How old was (CHILD'S NAME) at the beginning of the course? CLAS.AGEBEG	____ UNITS: MONTHS (age) YEARS CLAS.AGEBUNIT	____ UNITS: MONTHS (age) YEARS
d. What was the month and year in which the course began? CLAS.BEGMON CLAS.BEGYEAR	____ / ____ M M Y Y	____ / ____ M M Y Y

e.	How many times per week did the classes meet? CLAS.MEETWK CLASS.MEETUNIT	_____ UNITS: WEEK (# times) MONTH	_____ UNITS: WEEK (# times) MONTH
f.	On average, how many minutes was each class? CLAS.MINUTECL	_____ (NUMBER OF MINUTES)	_____ (NUMBER OF MINUTES)
g.	For this course, what was the total number of classes that (CHILD'S NAME) attended? (PROBE): Please give me your best estimate. CLAS.CLASSES	_____ (number of classes)	_____ (number of classes)
h.	Who usually took (CHILD'S NAME) to (his/her) swimming lesson? CLAS.WHOTOOK CLAS.WHTOOKOS	RESPONDENT..... 1 MOTHER..... 2 FATHER..... 3 GRANDMOTHER 4 GRANDFATHER..... 5 OTHER RELATIVE (SPECIFY)..... 91 OTHER NON-RELATIVE (SPECIFY)..... 92	RESPONDENT 1 MOTHER 2 FATHER..... 3 GRANDMOTHER 4 GRANDFATHER 5 OTHER RELATIVE (SPECIFY)..... 91 OTHER NON-RELATIVE (SPECIFY)..... 92
i.	Did (PERSON NAMED IN QUESTION 38h) usually watch the lessons? CLAS.DIDWATCH	YES..... 1 NO..... 2	YES 1 NO 2
j.	How many children, including (CHILD'S NAME) were in the group? CLAS.HOWMANYC	_____ (number of children)	_____ (number of children)
k.	Was an adult, other than the instructor, required to be in the water with each child? CLAS.ADULTREQ	YES..... 1 NO..... 2	YES 1 NO 2
There are many different skills that are taught in swimming lessons. I am going to read to you a list of some skills and would like you to tell me if the lessons in this course focused <u>not at all, a little, some, or a lot</u> on these skills. I would be happy to repeat the categories if you need them.			
39a.	The first skill is helping children feel comfortable in the water; like getting them used to putting their face in the water. Would you say these lessons focused on this CLAS.COMFORT	Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4 NO INFORMATION 99	Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4 NO INFORMATION 99
[IF RESPONDENT VOLUNTEERS THAT HE OR SHE HAS NO INFORMATION ABOUT WHAT SKILLS WERE TAUGHT IN THE COURSE, ENTER 99] (SKIP TO 39i).			
b.	Treading water. Would you say the lessons focused on this... CLAS.TREADWTR	Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4	Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4

c.	Floating on (his/her) back. CLAS.FLOATBCK	NOT AT ALL..... 1 A LITTLE 2 SOME..... 3 A LOT 4	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4
d.	Poolside behavior; like not running on the deck. CLAS.BEHAVIOR	NOT AT ALL..... 1 A LITTLE 2 SOME..... 3 A LOT 4	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4
e.	Swimming strokes and kicks. CLAS.STROKES	NOT AT ALL..... 1 A LITTLE 2 SOME..... 3 A LOT 4	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4
f.	Was (CHILD'S NAME) forced to put (his/her) head underwater as part of this course? CLAS.UNDERWTR	YES.....1 NO.....2	YES.....1 NO.....2
g.	Is there any other information about this swimming course that you think would be important for us to know? CLAS.OTHINFO	YES.....1 NO.....2 (SKIP TO 39i)	YES.....1 NO.....2 (SKIP TO 39i)
h.	[What other information about this swimming course would you like to tell me?] CLAS.TEXT1-4	(RECORD RESPONSE)	(RECORD RESPONSE)
i.	After completing this swimming course, did (CHILD'S NAME)'s behavior change when (he/she) was around water? CLAS.CHANGBCH YES.....1 NO..... 2 (SKIP TO QUESTION 40)		
j.	How did (his/her) behavior change? CLAS.HWCHANGA _____ CLAS.HWCHANGB _____		
k.	[ASK ONLY IF QUESTION 34 = DON'T KNOW/REFUSED] Did (CHILD'S NAME) take any other swimming courses? YES.... 1 NO.... 2		

REPEAT QUESTIONS 38 THROUGH 39j FOR THE MOST RECENT COURSE.

40. Prior to the age of 2 years, did (CHILD'S NAME) participate in swimming lessons that focused on survival skills such as rotating from a face down position to a back float, resting, and then flipping back over to continue swimming?

EXTD.SURVSKIL

YES..... 1

NO..... 2

41. Did (he/she) ever participate in competitive swimming, such as team swimming?

EXTD.COMPSWIM

YES..... 1

NO..... 2

—————→ 41a. For how many years did (CHILD'S NAME) participate in competitive swimming?

____ (# OF YEARS) EXTD.COMPNUM

EXPOSURE TO WATER AND INFORMAL SWIMMING LESSONS

ONLY ASK QUESTION 42 IF CHILD NEVER TOOK FORMAL LESSONS NOR PARTICIPATED IN SWIM TEAM (QUESTION 33 AND 41 = NO, REFUSED, OR DON'T KNOW)

42. Prior to the accident, had (CHILD'S NAME) ever been in a swimming pool, pond, or other body of water, not including a bathtub?

EXTD.INWATER

YES..... 1

NO..... 2 (SKIP TO QUESTION 67)

43. How often on average did (CHILD'S NAME) go swimming during the summer months of May through September? Would you say ...

EXTD.GOSWIMSU

Every day or almost every day, .. 1

3 to 5 times per week, 2

1 to 2 times per week, 3

2 to 3 times per month, 4

Once a month or less, or 5

Not at all?..... 6

44. How often on average did (CHILD'S NAME) go swimming during the months of October through April? Would you say ...

EXTD.GOSWIMOT

Every day or almost every day, .. 1

3 to 5 times per week, 2

1 to 2 times per week, 3

2 to 3 times per month, 4

Once a month or less, or 5

Not at all?..... 6

45. During the year before the accident, how often did (CHILD'S NAME) use a life vest when (he/she) went swimming? Would you say...
EXTD.LIFVEST
- Always, 1
Most of the time, 2
Some of the time, 3
On rare occasions, or 4
Never? 5
DID NOT SWIM 6 (SKIP TO QUESTION 48)
46. How often did (he/she) use another flotation device when (he/she) went swimming, such as water wings or an inflatable tube? Would you say...
EXTD.PERSFLOT
- Always, 1
Most of the time, 2
Some of the time, 3
On rare occasions, or 4
Never? 5 (SKIP TO QUESTION 48)
47. What kind of flotation device did (he/she) use most often?
EXTD.PERSDEVI
- WATER WINGS 1
INFLATABLE TUBE 2
RAFT 3
EXTD.PERSDEOS OTHER (SPECIFY): 91
48. Thinking about all the times (CHILD'S NAME) went swimming, how often did (he/she) swim without a lifeguard or adult present? Would you say...
EXTD.NOLIFEG2
- Never, 1
Rarely, 2
Sometimes, 3
Often, 4
Almost always, or 5
Always? 6
49. Did (CHILD'S NAME) like the water or did (he/she) seem to be afraid of it?
EXTD.LIKEWAT
- LIKED WATER 1
AFRAID OF WATER 2
50. How comfortable was (CHILD'S NAME) in the water? Would you say (he/she) was...
EXTD.COMFWAT
- Uncomfortable, 1
Slightly uncomfortable, 2
Comfortable, or 3
Very comfortable? 4

51.	Was (CHILD'S NAME) comfortable with...	YES	NO
a.	dangling (his/her) feet in the water? EXTD.COMDANG	1	2
b.	walking by (himself/herself) in water up to (his/her) waist? EXTD.COMWAIST	1	2
c.	putting (his/her) whole head underwater? EXTD.COMHEAD	1	2
d.	entering the water on (his/her) own? EXTD.COMENTER	1	2
e.	jumping into shallow water? EXTD.COMSHAL	1	2
f.	jumping into water over (his/her) head? EXTD.COMDEEP	1	2
g.	playing or swimming in water over (his/her) head? EXTD.COMPLAY	1	2

- 52. Children sometimes receive informal swimming instructions or receive swimming pointers or tips from family and friends. Thinking back to before (CHILD'S NAME) was 5 years old, how often did (CHILD'S NAME) receive informal swimming instructions, or pointers or tips about swimming or water safety? Please do not include pointers or tips (he/she) may have received while in a bathtub. Would you say (he/she) received pointers or tips...**
EXTD.POINTSLO

Every time (he/she) went swimming, ... 1
Most of the time, 2
Some of the time, 3
Rarely, or 4
Never?.....5

- 52a. Did (he/she) ever receive informal swimming instructions or pointers or tips about swimming or water safety?**

EXTD.POINTEVR

YES..... 1

NO.....2 (SKIP TO QUESTION 59)

- 53. At what age did (CHILD'S NAME) receive (his/her) first informal pointers or informal swimming instructions?**

EXTD.POINTAGE

UNIT: MONTHS...1

YEARS.....2 **EXTD.POINTUNI**

- 54. At what age did (CHILD'S NAME) receive his/her most recent pointers or informal swimming instructions?**

EXTD.RECENAGE

UNIT: MONTHS....1 **EXTD.RECENUNI**

YEARS.....2

55. Did these pointers take place in a pool, pond or lake, ocean, or some other type of water? (MARK ALL THAT APPLY)

EXTD.POIPPOOL POOL..... 1
 EXTD.POIPOND POND or LAKE 2
 EXTD.POIOCEAN OCEAN..... 3
 EXTD.POIOOTH1-3 OTHER (SPECIFY)
 EXTD.POINTOS1-3 91

56. What was the relationship of the person who most often gave these pointers or instructions to (CHILD'S NAME)?

EXTD.POINTRE
 MOTHER/STEP-MOTHER.... 1
 FATHER/STEP-FATHER..... 2
 BROTHER/SISTER 3
 GRANDPARENT..... 4
 AUNT/UNCLE..... 5
 COUSIN 6
 FRIEND/NEIGHBOR 7
 OTHER (SPECIFY)
 EXTD.POINTROS 91

57.	Would you say that the informal swimming pointers or instructions focused not at all, very little, somewhat or a lot on the following items.	NOT AT ALL	VERY LITTLE	SOMEWHAT	A LOT
a.	The first item is helping (CHILD'S NAME) feel comfortable in the water, like getting (him/her) used to putting (his/her) face in the water. Would you say the pointers or instructions focused on this... EXTD.POINTFAC	1	2	3	4
b.	Treading water. Would you say... EXTD.POINTTRE	1	2	3	4
c.	Floating on (his/her) back. EXTD.POINTBAC	1	2	3	4
d.	Poolside behavior--like not running on the deck. EXTD.POINTRUN	1	2	3	4
e.	Swimming strokes and kicks. EXTD.POINTKIC	1	2	3	4
f.	Jumping from the edge of a pool or dock. EXTD.POINTJUM	1	2	3	4

58. Is there anything else about the swimming pointers or informal instructions that you think would be important for us to know?

EXTD.POINTELS

YES..... 1
 NO..... 2 (SKIP TO QUESTION 59)

58a. SPECIFY: _____

DESC.DESCTEXT

59. How would you have rated (CHILD'S NAME) as a swimmer. Would you say...

EXTD.SWIMRATE

Excellent, 1
 Very good, 2
 Good, 3
 Fair, or 4
 Poor? 5

60. Next I am going to read to you a list of things some children can do in the water. For each one, please tell me if (CHILD'S NAME) could do this without using a life preserver or other flotation device for assistance most of the time (he/she) was in a swimming pool.

	YES	NO	NEVER ATTEMPTED
a. Could (CHILD'S NAME) jump into the water from a standing position without assistance? EXTD.JUMPWAT	1	2	3
b. Could (CHILD'S NAME) jump in the pool, swim out 5 feet, and then swim back to the edge of the pool? EXTD.SWIMFEET	1	2	3
c. Could (CHILD'S NAME) swim on (his/her) stomach for about 15 feet without stopping? EXTD.SWIMSTOM	1	2	3
d. Could (CHILD'S NAME) float on (his/her) back without support for 10 seconds? EXTD.FLOATBAC	1	2	3
e. Could (CHILD'S NAME) swim on (his/her) back for about 15 feet without stopping? EXTD.SWIMFEE	1	2	3
IF NO TO 60b, 60c, 60d AND 60e, SKIP TO QUESTION 66. IF DON'T KNOW/REFUSED TO 60b, 60c, 60d, AND 60e, SKIP TO QUESTION 61.			
f. Enter the pool feet first and swim to an object or person standing about 15 feet away? EXTD.FLOATFEE	1	2	3
g. Swim on (his/her) stomach, take a breath of air and continue swimming forward? EXTD.SWIMSTO	1	2	3
h. If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and hold onto the side of the pool? EXTD.HOLDEDGE	1	2	3
i. If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and climb out of the water? EXTD.SWIMCLIM	1	2	3
j. Swim 50 feet using any kind of stroke? EXTD.FEETSTRK	1	2	3
k. Dive into the water? (SKIP TO QUESTION 62) EXTD.DIVEWAT	1	2	3

61. Do you think you would be able to answer any questions about (CHILD'S NAME) swimming abilities?
EXTD.SWIMABIL
YES.....1 (GO BACK TO QUESTION 60f)
NO.....2 (SKIP TO QUESTION 66)
62. How old was (CHILD'S NAME) when (he/she) was first able to swim without help or without using a life preserver or other flotation device for assistance? [IF SUBJECT UNABLE TO SWIM, ENTER '99']
EXTD.AGESWIM

(age) UNIT: MONTHS...1 EXTD.UNITSWIM
YEARS.....2
63. About how many minutes do you think (he/she) could tread water without stopping? Would you say... [IF CHILD CANNOT TREAD WATER AT ALL, ENTER '99']
EXTD.TREWAT2
Less than 1 minute, 1
1 to 4 minutes, 2
5 to 9 minutes, or 3
10 minutes or more? 4
64. About how many minutes do you think (CHILD'S NAME) could swim without stopping? Would you say...
EXTD.SWIMSTP2
Less than 1 minute, 1
1 to 4 minutes, 2
5 minute to 9 minutes, or 3
10 minutes or more? 4
65. If the length of a standard swimming pool equals 25 yards [75 feet], how many pool lengths could (CHILD'S NAME) swim without stopping using any stroke?
EXTD.SWIMLEN
_____ (# OF LENGTHS)
(SKIP TO QUESTION 67)
66. Did (CHILD'S NAME) know how to swim at all?
EXTD.CANSWIM
YES.... 1 (SKIP TO QUESTION 67)
NO.....2
- 66a. Had you ever seen (CHILD'S NAME) paddle a few yards and then hold onto something such as the edge of a pool or dock?
EXTD.CANPADL
YES..... 1
NO 2

CHILD DEVELOPMENT/TEMPERAMENT

67. I am going to read to you a list of behaviors and would like you to tell me whether (CHILD'S NAME) never, almost never, sometimes, almost always, or always did each behavior.

	NEVER	ALMOST NEVER	SOMETIMES	ALMOST ALWAYS	ALWAYS
a. (CHILD'S NAME) was shy with strange adults. Would you say... EXTD.SHYADULT	1	2	3	4	5
b. (CHILD'S NAME) ate foods that (he/she) used to dislike. Would you say... EXTD.ATEFOODS	1	2	3	4	5
c. (CHILD'S NAME) was shy when first meeting new children. EXTD.SHYCHILD	1	2	3	4	5
d. was relaxed within a few visits when visiting someone else's home. EXTD.RELAXVIS	1	2	3	4	5
e. liked to try new foods. EXTD.NEWFOODS	1	2	3	4	5
f. On the playground, (CHILD'S NAME) ran, climbed, and swung and was constantly on the go. EXTD.PLAYGRND	1	2	3	4	5
g. If (CHILD'S NAME) resisted some activity such as having (his/her) hair brushed, (he/she) would continue to resist it for months. EXTD.RESIST	1	2	3	4	5
h. When in the park or visiting, (he/she) would go up to strange children and join in their play. EXTD.JOINPLAY	1	2	3	4	5
i. If (CHILD'S NAME) was shy with a strange adult, (he/she) got over this quickly. EXTD.SHYQUICK	1	2	3	4	5
j. (CHILD'S NAME) sat still for stories or songs. EXTD.SATSONG	1	2	3	4	5
k. When away from home with parents, (he/she) had a problem falling asleep in a new bed, even after a few nights. EXTD.NEWBED	1	2	3	4	5
l. When the family went on a trip, (CHILD'S NAME) immediately made (himself/herself) at home in the new surroundings. Would you say... EXTD.MADEHOME	1	2	3	4	5
m. When the weather was bad and (CHILD'S NAME) had to stay inside, (he/she) ran around and could not be amused by quiet activities. EXTD.PLAYIN	1	2	3	4	5
n. When unknown adults visited your home, (he/she) was immediately friendly and approached them. EXTD.UNKADULT	1	2	3	4	5

o.	In a new situation such as day care, kindergarten, or school, (he/she) was still uncomfortable even after a few days. EXTD.NEWSITUA	1	2	3	4	5
p.	could sit quietly through an entire children's film or a long TV program. EXTD.SITFILM	1	2	3	4	5
q.	When there was a change in the daily routine or activities, (CHILD'S NAME) went along easily with the new routine. EXTD.NEWROUT1	1	2	3	4	5
r.	When outside in a playground or park, (he/she) played quietly with toys or dolls. EXTD.OUTPARK	1	2	3	4	5
s.	The first time (CHILD'S NAME) was left in a new situation without a parent, (he/she) got upset. Would you say... EXTD.NEWUPSET	1	2	3	4	5
t.	got involved with quiet activities, such as reading or looking at books and doing crafts. EXTD.CRAFTS	1	2	3	4	5
u.	would rather wear familiar clothes than new ones. EXTD.FAMCLOTH	1	2	3	4	5
v.	had difficulty adjusting to the rules of a new household if they were different from those at home. EXTD.NEWRULES	1	2	3	4	5
w.	always ran rather than walked around the house or outside. EXTD.RANOUT	1	2	3	4	5

68.	The next group of questions are about the youngest age at which you think children should be allowed to do various things on their own. There are no right or wrong answers to these questions.					
a.	How many minutes do you think a 2 year old could be left alone in a room containing a couch, a television on a television stand, bookshelves, an end table and some toys? Assume that the child is awake and a parent is in a nearby room on the same floor. EXTD.ALONENUM	_____ (# of minutes)				
b.	How old would a child have to be for you to feel comfortable not having his or her hand held in the parking lot of a grocery store? EXTD.PARKNUM	_____ (age)				
c.	How old would a child have to be for you to feel comfortable not standing outside while he or she played in the front yard without a fence? EXTD.PLAYNUM	_____ (age)				
d.	At what age do you think a child can safely cross the street on their own? EXTD.CROSNUM	_____ (age)				

69. I am now going to read to you a list of behaviors that some children may or may not do. For each behavior, please tell me if (CHILD'S NAME) did this behavior not at all, seldom, sometimes, often, or very often prior to the accident.

How often did (CHILD'S NAME) ...	
a. run out in the street? Would you say... EXTD.RUNOUT	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
b. jump off furniture or other structures? Would you say... EXTD.JUMPOFF	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
c. jump down the stairs? EXTD.JUMPDOWN	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
d. ride a bike in unsafe areas? [IF CHILD DID NOT HAVE A BIKE, CODE AS "NOT AT ALL"] EXTD.RIDEBIKE	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
e. run or bump into things? EXTD.RUNBUMP	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
f. fall down? EXTD.FALLDOWN	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
g. play with fire? EXTD.PLAYFIRE	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
h. put (his/her) finger or objects in electrical sockets or appliances? EXTD.ELECTRIC	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
i. leave the house without permission? EXTD.LEAVEHM	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5

j.	refuse to use a car seat or stay seated in a car? EXTD.CARSEAT	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
k.	play with sharp objects? EXTD.PLAYSHAR	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
l.	How often did (CHILD’S NAME) pull or push furniture or heavy objects over? Would you say... EXTD.PULLPUSH	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
m.	fall out of windows or down stairways? EXTD.FALLOUT	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
n.	put objects or non-food items in (his/her) mouth? EXTD.INMOUTH	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
o.	get scratches, scrapes, or bruises during play? EXTD.SCRATCH	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
p.	Prior to the accident, how often did (CHILD’S NAME) “take chances” on playground equipment? Would you say... EXTD.TAKECHAN	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
q.	try to climb on top of furniture, cabinets, etc.? EXTD.TRYCLIMB	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
r.	stand on chairs? EXTD.STANDON	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
s.	explore places that are off limits? EXTD.EXPLORE	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5

t.	get into dangerous substances? EXTD.DANGSUBS	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
u.	play carelessly or recklessly? EXTD.PLAYCARE	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
v.	come into contact with hot objects? EXTD.HOTOBJ	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5
w.	tease or approach unfamiliar animals like dogs? EXTD.TEASEDOG	Not at all 1 Seldom (ONCE OR TWICE) 2 Sometimes (ABOUT ONCE A MONTH) 3 Often (ABOUT ONCE A WEEK) 4 Very Often (MORE THAN ONCE A WEEK) 5

HEALTH AND MEDICAL HISTORY

Now I would like to ask you some questions about (CHILD'S NAME)'s health and medical history.

- 70.** In general, would you say (CHILD'S NAME)'s health prior to the accident was...
EXTD.GENHLTH

Excellent, 1
Very good, 2
Good, 3
Fair, or..... 4
Poor? 5

- 71.** Had (CHILD'S NAME) ever seen a doctor for epilepsy or a seizure disorder?
EXTD.EVERSEIZ

YES.....1
NO.....2 (SKIP TO QUESTION 72)

- 71a.** During the year prior to the accident, had (CHILD'S NAME) had a seizure?

EXTD.YRSEIZ
YES..... 1
NO..... 2

- 71b.** During the month prior to the date of the accident, was (CHILD'S NAME) taking medicine to prevent seizures?

EXTD.MEDSEIZ
YES..... 1
NO..... 2

72. Did a doctor ever say that (CHILD'S NAME) had a health problem expected to last 6 months or longer, including any physical or mental impairments, learning disabilities, or other serious conditions?

EXTD.HLTHPROB

YES.....1
NO.....2

72a. What type of health problem was it? (MARK ALL THAT APPLY)

EXTD.EPILEPSY EPILEPSY /SEIZURE DISORDER.....1
EXTD.ASTHMA ASTHMA.....2
EXTD.ATTDHD ATTENTION DEFICIT HYPERACTIVITY DISORDER.....3
EXTD.PHYMEOTH OTHER PHYSICAL OR MENTAL CONDITION (SPECIFY)
EXTD.TYPEPROS 91

73. During the month prior to the accident, did (CHILD'S NAME) take any prescription medications? Do not include antibiotics, vitamins or medications that (he/she) would have taken for a cold or fever [but do include the seizure medication if it was prescription].

EXTD.MEDSPRE

YES.....1
NO.....2 (SKIP TO QUESTION 74)

73a. What were these medications? (SPECIFY)	73b. What was this medication for? (SPECIFY)
MEDS.TYPEMED	MEDS.MEDFOR

74. Had (CHILD'S NAME) ever had a fainting episode?

EXTD.FAINTPEI

YES.....1
NO.....2

76. Has anyone else in (CHILD'S NAME)'s family ever died from drowning?

EXTD.OTHDIED

YES.....1
NO.....2

76a. What was their age at the time of drowning?

____ (age in years) EXTD.OTHAGE

76b. What was the person's relationship to (CHILD'S NAME)? Was it a...

EXTD.OTHRELA

Parent, 1
Sibling, 2
Grandparent, or 3
Some other relative? 4

77. How would you rate yourself as a swimmer? Would you say...

EXTD.RATESWIM

Excellent, 1
Very good, 2
Good, 3
Fair, or..... 4
Poor? 5

78. How would you rate your spouse or companion as a swimmer? Would you say...

EXTD.RATESPOU

Excellent, 1
Very good, 2
Good, 3
Fair,..... 4
Poor, or 5
Do you not have a spouse or companion? .. 6

79. Has anyone in (CHILD'S NAME)'s family died suddenly from a heart condition or some unknown cause before the age of 40 years?

EXTD.HEARTCON

YES... 1 → 79a. What was the person's relationship to (CHILD'S NAME)?
NO.....2 Was it a ...

EXTD.HEARTRE

Parent, 1
Sibling, 2
Grandparent, or 3
Some other relative?..... 4

79b. Please describe what happened.

DESC.DESCTEXT

80. Did (CHILD'S NAME) ever have an episode in which (he/she) nearly drowned and was taken to a physician's office or emergency department?

EXTD.EMERDEPT

YES.....1 → 80a. Can you please tell me when
NO.....2 this occurred?

EXTD.EMERMO

____ / ____
MM YY

EXTD.EMERYR

80b. Please describe what happened.

DESC.DESCTEXT

81. Did you receive any advice from (CHILD'S NAME)'s doctor or nurse about swimming lessons?

EXTD.DRADVICE

YES.....1
NO.....2

81a. Did the advice you received...

EXTD.TYPADV

Recommend taking swimming lessons,.....1

Recommend against taking swimming lessons, or.....2

Did you receive some other advice?

(SPECIFY).....91

EXTD.TYPADVOS

DAILY ROUTINES

Now I would like to ask you some questions about (CHILD'S NAME)'s daily routine prior to the date of the accident.

82. Was (CHILD'S NAME)...

EXTD.ENSCHOOL

Enrolled in school,.....1

Home schooled, or.....2

Not enrolled in school?...3

82a. Was (CHILD'S NAME) enrolled in school for a...

EXTD.SCHOOLDA

Half day, or..1

Full day?.....2 (SKIP TO QUESTION 87)

<p>83. On a typical <u>weekday</u>, which of the following best describes (CHILD'S NAME)'s child care arrangements. Was (CHILD'S NAME) usually cared for in ...</p> <p>EXTD.CARE</p>	<p>84. Was there a pool that was usually filled with water at this (CHILD CARE SETTING)?</p> <p>EXTD.CAREPOOL</p>	<p>85. On average, how many days per week did (CHILD'S NAME) receive this child care?</p> <p>EXTD.CAREDAYS</p>	<p>86. On a typical day, how many hours per day did (CHILD'S NAME) usually receive this child care?</p> <p>EXTD.CAREHOUR</p>
<p>a. (his/her) own home, YES.....1 (Quest 87) NO.....2 (b)</p>			
<p>b. a child care center/institution that is not home-based, YES.....1 → NO.....2 (c)</p>	<p>b. YES....1 NO.....2</p>	<p>b. DAYS PER WEEK: _____</p>	<p>b. ____ (avg. # hrs) (SKIP TO QUESTION 87)</p>

c. home-based child care, or YES.....1 → NO.....2 (d)	c. YES....1 NO....2	c. DAYS PER WEEK: _____	c. ____ ____ (avg. # hrs) (SKIP TO QUESTION 87)
d. some other child care setting? (SPECIFY) EXTD.CAREOS YES.....1 NO.....2 →	d. YES....1 NO....2	d. DAYS PER WEEK: _____	d. ____ ____ (avg. # hrs)

87. [SKIP IF QUESTION 82 = 2 OR 3] During the school year, where did (CHILD'S NAME) usually go after school? Did (he/she) usually go...

EXTD.AFTSC1

To (his/her) own home,..... 1
 To a relative's home, 2
 To an after school extended day program, or .. 3
 Somewhere else?

EXTD.AFTSC10S

(SPECIFY)_____ 91

88. Where did (CHILD'S NAME) usually spend (his/her) weekends? Did (he/she) usually spend them ...

EXTD.CAREWK

At home, 1
 At a relative's home, or..... 2
 Somewhere else?

EXTD.CAREWKOS

(SPECIFY)_____ 91

89. On a typical day prior to the accident, who usually watched (CHILD'S NAME) when (he/she) was in (his/her) own home?

EXTD.CAREWA

MOTHER 1
 FATHER..... 2
 BOTH MOTHER AND FATHER 3
 GRANDPARENT..... 4
 BABY SITTER OR PAID CAREGIVER 5

EXTD.CAREWOS1

OTHER RELATIVE (SPECIFY)_____ 91

EXTD.CAREWOS2

SOMEONE ELSE (SPECIFY)_____ 92

90. During the most recent summer, did (CHILD'S NAME) attend... CAMP.COUNSEL	91. How many weeks did (CHILD'S NAME) attend the (overnight camp/day camp/summer school)? CAMP.WEEKCOUN	92. Were there any bodies of water at the (overnight camp/day camp/summer school) such as a swimming pool, Jacuzzi, wading pool, pond, lake, river, or some other body of water? CAMP.CAMPWAT	93. What kind of body of water was it? Was it a... (CODE ALL THAT APPLY) CAMP.WATPOOL CAMP.WATJAC CAMP.WATWAD CAMP.WATPOND CAMP.WATRIVER CAMP.WATOTH CAMP.TYPEWAOS
a. an overnight camp? YES...1 → NO....2 (b)	a. ____ (# of weeks)	a. YES...1 → NO....2 (b)	a. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91
b. a day camp? YES...1 → NO....2 (c)	b. ____ (# of weeks)	b. YES...1 → NO....2 (c)	b. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91
c. a summer school? YES...1 → NO....2 (QUESTION 94)	c. ____ (# of weeks)	c. YES...1 → NO....2 (QUESTION 94)	c. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91

SOCIODEMOGRAPHIC QUESTIONS

I have just a few more questions to ask you about yourself and (CHILD'S NAME)'s household.

94. What was your age at the time of the accident?

EXTD.RESPYYY

____ (YEARS)

95. Are you of Hispanic or Latino origin?

EXTD.RESPHISP

YES..... 1

NO..... 2

96. Which one or more of the following would you say best describes your race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

EXTD.RAAMEIND American Indian or Alaska Native, 1
 EXTD.RAASIAN Asian, 2
 EXTD.RABLACK Black or African-American, 3
 EXTD.HAWPAC Native Hawaiian or other Pacific Islander, or..... 4
 EXTD.RAWHITE White? 5
 EXTD.RAOTHER OTHER (SPECIFY) 91
 EXTD.RESRACOS

97. Is (CHILD'S NAME) of Hispanic or Latino origin?

EXTD.CHILHISP
 YES 1
 NO 2

98. Which one or more of the following would you say best describes (CHILD'S NAME)'s race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

EXTD.CHAMEIND American Indian or Alaska Native, 1
 EXTD.CHASIAN Asian, 2
 EXTD.CHBLACK Black or African-American, 3
 EXTD.CHHAWPAC Native Hawaiian or other Pacific Islander, or..... 4
 EXTD.CHWHITE White? 5
 EXTD.CHOTHER OTHER (SPECIFY) 91
 EXTD.CHIRACOS

(NOTE: QUESTIONS 99 – 104a – IF RESPONSE TO QUESTION 2 = NO, CHANGE FILLS TO COLLECT DATA ON CHILD'S HOUSEHOLD)

99. On the date of the accident, how many people under age 20, including (CHILD'S NAME) [and yourself], lived in your household?

EXTD.NUMCHHS
 NUMBER OF CHILDREN: ____ ____

100. On the date of the accident, how many adults age 20 or over [including yourself,] lived in your household?

EXTD.NUMADHS
 NUMBER OF ADULTS: ____ ____

<p>101. Please give me the ages of everyone, other than (CHILD'S NAME) and yourself, who lived in your household on the date of the accident and their relationship to (CHILD'S NAME). [IF AGE IS LESS THAN 1 YEAR, WE WILL ASK FOR THE NUMBER OF MONTHS]</p> <p>[ALLOW UP TO 15 PEOPLE]</p> <p>HOHO.HOHOAGE</p>	<p>102. What was this person's relationship to (CHILD'S NAME)?</p> <p>HOHO.REL</p>
<p>a. ___ ___ ___ (# # #)</p> <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>HOHO.HOHOMON</p>	<p>a.</p> <p>MOTHER/STEPMOTHER..... 1</p> <p>FATHER/STEPFATHER 2</p> <p>SIBLING 3</p> <p>GRANDPARENT 6</p> <p>UNRELATED PERSON (INCL. ROOMMATE) 7</p> <p>OTHER RELATIVE (SPECIFY)_____ 91</p> <p>HOHO.HHMRELOS</p>

103. [ASK IF MORE THAN ONE CHILD LISTED ABOVE AND SOMEONE'S AGE IS REFUSED OR UNKNOWN] Of the ___ (NUMBER OF CHILDREN LISTED IN 99) children and teenagers under age 20 that you stated were living in your household at the time of the accident, from oldest in age to the youngest in age, where did (CHILD'S NAME) fall? For example, was (he/she) the...

EXTD.CHFALL

Oldest, 1

Second oldest, 2

Third oldest, 3

Fourth oldest, 4

Fifth oldest, or 5

EXTD.CHFALLOS Something else? (SPECIFY)_____ 91

104. In the last calendar year, what was your combined annual household income from all sources and before taxes? This would include all income received by everyone that lived in the household during the last calendar year. Would you say...	104a. Was it...
	EXTD.HHINCOME
\$25,000 or less,.....1 EXTD.HHINCOV1	\$10,000 or less,..... 1 \$10,001 to \$15,000,..... 2 \$15,001 to \$20,000, or..... 3 \$20,001 to \$25,000? 4
\$25,001 - \$50,000,.....2 EXTD.HHINCOV2	\$25,001 to \$30,000,..... 5 \$30,001 to \$35,000,..... 6 \$35,001 to \$40,000,..... 7 \$40,001 to \$45,000, or..... 8 \$45,001 to \$50,000? 9
\$50,001 - \$75,000, or.....3 EXTD.HHINCOV3	\$50,001 to \$55,000,..... 10 \$55,001 to \$60,000,..... 11 \$60,001 to \$65,000,..... 12 \$65,001 to \$70,000, or..... 13 \$70,001 to \$75,000? 14
More than \$75,000?..... 4 EXTD.HHINCOV4	\$75,001 to \$80,000,..... 15 \$80,001 to \$85,000,..... 16 \$85,001 to \$90,000,..... 17 \$90,001 to \$95,000, or..... 18 More than \$95,000?..... 19

BOX 2

IF RESPONSE TO QUESTION 2 = NO, SKIP TO QUESTION 115.
ELSE GO TO QUESTION 105.

105. On the date of the accident, which of the following best described your working status? Were you...

EXTD.RESEMP

- Self-employed,..... 1
- Working for an employer,..... 2
- Looking for employment, 3
- A homemaker,..... 4
- Retired,..... 5
- Unable to work or disabled, or..... 6
- Something else? (SPECIFY) 91

EXTD.RESEMPOS _____

106. On the date of the accident, were you enrolled in school or college?

EXTD.ENROLLED

- YES.....1
- NO.....2

106a. Were you enrolled in school ...

- Part-time, or.... 1
- Full-time?..... 2

EXTD.ENRLPTFT

107. What is the highest grade or year of school you completed? [READ LIST ONLY IF NECESSARY]

EXTD.HGHGRADE

- 8th GRADE OR LESS 1
- 9TH TO 12TH GRADE (NO DIPLOMA) 2
- HIGH SCHOOL DIPLOMA/GED 3
- SOME VOC/TECH/BUSINESS 4
- VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA 5
- SOME COLLEGE 6
- ASSOCIATE'S DEGREE (AA, AS)..... 7
- BACHELOR'S DEGREE (BA, BS) 8
- SOME GRADUATE/PROFESSIONAL SCHOOL 9
- GRADUATE/PROFESSIONAL DEGREE 10
- (MA, MS, PHD, MD, ETC.)
- EXTD.HGHGRAOS** OTHER (SPECIFY)..... 91

108. On the date of the accident were you...

EXTD.MARITALS

- Married or living as married couple, 1
- Divorced, 2
- Widowed,..... 3
- Separated, or 4
- Never married?5 (SKIP TO QUESTION 115)

109. Has your marital status changed since that time? [ONLY ASK IF AT LEAST 1 MONTH PAST ACCIDENT DATE]

EXTD.CHSTATUS

- YES.....1
- NO.....2 (SKIP TO QUESTION 112)

110. How did your marital status change?

EXTD.HOWCHNGE

- GOT MARRIED..... 1
- GOT DIVORCED 2
- BECAME WIDOWED 3
- SEPARATED FROM SPOUSE OR PARTNER 4
- EXTD.HOWCHNOS** SOMETHING ELSE (SPECIFY) 91

111. How long ago did this occur?

EXTD.LONGAGO

- | | | |
|---|---|----------------------|
| <div style="display: flex; justify-content: space-around; width: 100px;"> <div> <div style="border-bottom: 1px solid black; width: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: 8px;">#</div> </div> <div> <div style="border-bottom: 1px solid black; width: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: 8px;">#</div> </div> <div> <div style="border-bottom: 1px solid black; width: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: 8px;">#</div> </div> </div> | DAYS AGO.....1
WEEKS AGO.....2
MONTHS AGO.....3 | EXTD.LONGAGOU |
|---|---|----------------------|

112. [SKIP IF NO SPOUSE/COMPANION] On the date of the accident, which of the following best described your spouse or companion's working status. Was he or she...

EXTD.SPEMLPST

Self-employed, 1
Working for an employer, 2
Looking for employment, 3
A homemaker, 4
Retired, 5
Unable to work or disabled, or 6
Something else? (SPECIFY) 91

EXTD.SPEMLPOS _____

113. [SKIP IF NO SPOUSE/COMPANION] On the date of the accident, was your spouse or companion enrolled in school or college?

EXTD.SPSCHOOL

YES 1 →
NO 2

- 113a. Was your spouse or companion enrolled in school...

EXTD.SPPTFT

Part-time, or 1
Full-time? 2

114. [SKIP IF NO SPOUSE/COMPANION] What was the highest grade or year of school completed by your spouse or companion who lived with you? [READ LIST ONLY IF NECESSARY]

EXTD.SPGRAD

8th GRADE OR LESS 1
9th TO 12th GRADE (NO DIPLOMA) 2
HIGH SCHOOL DIPLOMA/GED 3
SOME VOC/TECH/BUSINESS 4
VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA 5
SOME COLLEGE 6
ASSOCIATE'S DEGREE (AA, AS) 7
BACHELOR'S DEGREE (BA, BS) 8
SOME GRADUATE/PROFESSIONAL SCHOOL 9
GRADUATE/PROFESSIONAL DEGREE 10
(MA, MS, PHD, MD, ETC.)
OTHER (SPECIFY) 91

EXTD.SPGRADOS _____

Now that we are near the end of the interview, I would like to ask you a few questions about this questionnaire and about the experience of being interviewed. This will help us to improve our interviewing procedures in the future.

115. First, do you think that this interview was ...

EXTD.INTLNGTH

Too short, 1
Too long, or 2
Just about right? 3

116. Did you find this interview to be stressful? Would you say it was...

EXTD.INSTRESS

Not at all stressful, 1

A little stressful, 2

Somewhat stressful, or 3

Very stressful? 4

117. If you were asked, would you participate in an interview like this again?

EXTD.PRTAGAIN

YES..... 1

NO..... 2

118. That was my last question. Do you have any additional comments that you would like to add regarding this questionnaire or the accident?

EXTD.OTHCOMM

YES.....1 (SPECIFY BELOW)

NO.....2

118a. DESC.DESCTEXT _____

Thank you very much for your time and cooperation. We are sending a check for \$25.00 to all participants in this study.

119. We would like to confirm your name, address, and telephone number.

[INTERVIEWER: PLEASE CONFIRM INFORMATION ON THE SCREEN, CORRECT AS NECESSARY.]

FIRST NAME: _____ LAST NAME: _____

ADDR.FNAM

ADDR.LNAM

NUMBER AND STREET: _____ APT #: _____

ADDR.STREET

ADDR.APT

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

ADDR.CITY

ADDR.ST

ADDR.ZIP

PHONE NUMBER: _____ - _____ - _____

ADDR.AREA ADDR.EXCH ADDR.LOCL

119a. [DOES RESPONDENT WANT \$25 CHECK?]

EXTD.WANTCHEK

YES 1

NO 2 (SKIP TO END 1)

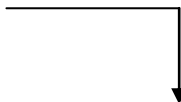
DONATE TO CHARITY 3 (SKIP TO QUESTION 120a)

120. Is this the address to which I should mail the check?

EXTD.CHECKADD

YES...1

NO.....2



120a. Please give me the name, address and telephone number of the (person/organization) to (whom/which) we should mail the check?

FIRST NAME: _____ **LAST NAME:** _____

ADDR.FNAM

ADDR.LNAM

ORGANIZATION: _____

ADDR.ORGANIZ

NUMBER AND STREET: _____ **APT #:** _____

ADDR.STREET

ADDR.APT

CITY/TOWN: _____ **STATE:** _____ **ZIP CODE:** _____

ADDR.CITY

ADDR.ST

ADDR.ZIP

TELEPHONE NUMBER: _____ - _____ - _____

ADDR.AREA ADDR.EXCH ADDR.LOCL

END 1: Thank you. If you have further questions about this study, you may call 1-888-273-0674.
Goodbye.

121. INTERVIEWER COMMENTS: